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Atty Docket No. 015114-066000US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Washburn, Daniel C.

Group Art Unit 2628

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I hereby certify that the following documents in re Application of Mihail Iotov, Application No. 10/655,695, filed September 5, 2003 for TECHNIQUES FOR GRAPHICAL ANALYSIS AND MANIPULATION OF CIRCUIT TIMING REQUIREMENTS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 p);
2. Petition For Extension of Time (1 p in duplicate); and
- 3) Amendment (11 pp).

Number of pages being transmitted, including this page: 15

Dated: April 12, 2007


Diane Hawley

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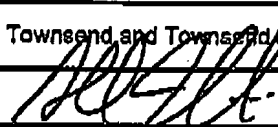
*CFC received 9 pages
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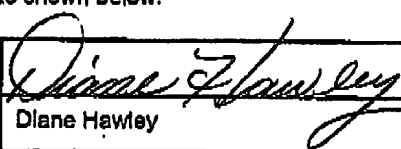
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PTO/SB/21 (07-08)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/655,695	
	Filing Date	September 5, 2003	
	First Named Inventor	Iotov, Mihail	
	Art Unit	2828	
	Examiner Name	Washburn, Daniel C.	
Total Number of Pages in This Submission	15	Attorney Docket Number	015114-068000US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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